

2016 Surviving Dependent Medical Rates

(This is only for new surviving dependents after 1/1/2005)

COVERAGE	HMO	POS*	HDHP*
SURVIVING SPOUSE ONLY:			
YOU PAY	\$279.00	\$382.20	\$225.40
CITY-PARISH PAYS*	\$377.82	\$377.82	\$377.82
MONTHLY RATE	\$656.82	\$760.02	\$603.22
SURVIVING SPOUSE + CHILD(REN):			
YOU PAY	\$457.02	\$769.40	\$420.44
CITY-PARISH PAYS*	\$636.10	\$636.10	\$636.10
MONTHLY RATE	\$1,093.12	\$1,405.50	\$1,056.54
SURVIVING CHILD:			
YOU PAY	\$222.16	\$327.20	\$199.64
CITY-PARISH PAYS*	\$309.20	\$309.20	\$309.20
MONTHLY RATE	\$531.36	\$636.40	\$508.84
SURVIVING SPOUSE ONLY W/PART B:			
YOU PAY	\$182.60	\$285.80	\$129.00
CITY-PARISH PAYS	\$460.62	\$460.62	\$460.62
MONTHLY RATE	\$643.22	\$746.42	\$589.62
SURVIVING SPOUSE +CHILD(REN) 1 W/PART B:			
YOU PAY	\$360.62	\$673.00	324.04
CITY-PARISH PAYS	\$769.81	\$769.81	769.81
MONTHLY RATE	\$1,130.43	\$1,442.81	\$1,093.85

*C-P PORTION SAME AS HMO